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|--|--|------------------------|-----------------|
| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |  | Application Number     | 10/797,367      |
|  |  | Filing Date            | March 10, 2004  |
|  |  | First Named Inventor   | Janel E. Young  |
|  |  | Group Art Unit         | 1618            |
|  |  | Examiner               | Blessing FUBARA |
| Total Number of Pages in This Submission   |  | Attorney Docket Number | ETH5095CIP      |

| ENCLOSURES (check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer(s)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br><b>INTERVIEW SUMMARY</b> |
| Remarks   | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | Michael J. Mlotkowski, Reg. No. 33,020<br>Roberts Mlotkowski Safran & Cole, P.C.<br>PO Box 10064<br>McLean, VA 22102 |
| Signature                                  | /Michael J. Mlotkowski/  |
| Date                                       | April 8, 2010  |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]   |                       |
|--|-----------------------|
| I hereby certify that this correspondence is being:  |                       |
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